

Xavier University
Office of Disability Services
3800 Victory Parkway
Cincinnati, Ohio 45207-1131
Phone: 513-745-3280
Fax: 513-745-3387
disabilityservices@xavier.edu

Housing Accommodation Request Form Abbreviated

Rising sophomores, juniors and seniors

If you already have a housing accommodation, you do not need to go through the full accommodation request process. You only need to submit this abbreviated form.

Name:

XU Banner ID:

Xavier email address:

Cell Phone Number:

Current class status:

First Year

Sophomore

Junior

Senior

Graduate

Do you currently have a housing accommodation?

Yes

No

Current room assignment:

Please answer the following questions as this information will be used to determine appropriate housing assignments.

1. Is this housing accommodation request based on the disability-related information currently on file for which the original request was approved?

2. Please specify the type of housing accommodation you are requesting and why?

If your housing accommodation request is approved, you will have the opportunity to choose your roommates.

Rising sophomores can choose up to three (3) roommates for a total of four (4).

Incoming first-year students can choose one (1) roommate for a total of two (2).

Do you have any requested roommates?

Yes

No

Please indicate the names of any requested roommates:

Pertinent information regarding this process:

Please check each statement to indicate you have read the statement and agree to move forward in this process.

1. Students who are approved for Housing Accommodations will NOT be eligible to participate in the Housing Selection Process.

2. Housing assignments are made by the Housing Accommodation Review Committee based on the information previously provided by the student and provider. Decisions made by the committee are final.

3. Once the committee meeting, Residence Life will email the student with the housing assignment.
4. A student who has been approved through this process **may NOT decline their housing accommodation assignment and choose to go through the Housing Selection Process.**

My signature below indicates I have read and agree with the process. It also indicates I have been truthful in my responses. Falsifying or misrepresenting facts or information may result in disciplinary action. Additionally, it gives permission to the Housing Accommodation Review Committee to review the documentation provided. I understand this will be done on a limited basis and for the sole purpose of making an informed decision on my request. Information submitted for review will be protected as confidential within the Office of Disability Services.

Signature:

Date:

Please return the completed form to Disability Services.